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Bib Data Sheet

CONFIRMATION NO. 7777

<b>SERIAL NUMBER</b> 09/693,558	<b>FILING DATE</b> 10/20/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 25846-0003
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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CON OF PCT/EP99/02686 04/21/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 GERMANY 198 18 044 . 6 04/22/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/20/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
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**Verified and Acknowledged**                      Examiner's Signature                      Initials

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**TITLE**  
 Use of vitamin pp compounds

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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